Division of Children and Family Services CFS-543 (Rev. 08/2000)

GROUP DAY CARE CENTER FIRE AND SAFETY CHECKLIST

Use of form: Use of this form meets the requirements of HFS 46.06(3)(c) and HFS 46.06(4)(j). **Instructions:** Day care center personnel are to complete this form and post it in the center.

Name - Group Day Care Center													Year				
_	A. SMOKE DETECTOR / FIRE ALARM INSPECTION Enter date of weekly inspection.																
A. SMOKE DETECTOR / FIRE ALARM INSPECT						MAY		JUN	eekiy ins	Spection		SEPT	OCT	OCT NOV		DEC	
W	1	JAN	TEB	IVIAIX	ALIX	IVIA	'	3014	30L	1 70		OLI I	001	140	-	DLC	
e	2																
e	3					1				1							
k	4					1											
B. EVACUATION PRACTICE Enter monthly: Row 1 - date and time of practice (Dt/Tm); Row 2 - evacuation time (ET); Row 3 - fire (F) or tornado (T).															3 -		
Month		JAN FEB MAR			APR MAY		Y	JUN	JUL	AU	IG	SEPT OCT		NOV		DEC	
Dt/Tm		-															
ET										1							
	F/T																
C. STAFF INSPECTION REPORT Enter date of monthly inspection.															T 550		
Moı					JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	
1.		passagewa	<u> </u>	ar.											-		
2.	Exit lights are lit. Toilet room door locks are openable																
3.	from outside; opening device is readily accessible.																
4.																	
	covers in place.														<u> </u>		
5.	place of permanent wiring.																
6.		nore tnan ∠ ∣ged into ar															
7.																	
8.	•																
9.																	
	stored.																
	Nothing is stored under platforms, landings or stairs.																
	11. Fireplaces, steam radiators and hot pipes are protected.																
12.	 Door to basement and/or furnace room is kept closed. 																
13. Fire door self-closing device works.																	
14.	14. All extinguishers in place and unused.																
15.	15. All staff know how to use fire extinguishers.																
16.	16. Children 24 months of age or younger are restricted to floors having grade level exits.																
17.	Emergency telephone numbers are posted.																
Name - Person Completing Form (Print)							SIG	SIGNATURE - Person Completing Form							Date Signed		